

The background is a dark blue gradient with a subtle, repeating pattern of light blue dots connected by thin lines, creating a mesh or grid-like effect.

# **SB 910**

## **California's Strategic Plan for an Aging Population**

# California is aging rapidly...

- We are staying healthy and living longer
- We now have approximately 4,000,000 people over age 65 – the largest older adult population in the nation
- This number is expected to more than double over the next twenty-five years due to the retirement of the baby boomer generation.

# Consequently...

- As the population ages we can expect enormous changes that will sharply affect
  - The Economy
  - Housing
  - Land Use Planning
  - Transportation
  - Health and Social Services
  - Allocation of public resources
- During the next eight years California faces the challenge of preparing for these changes

# To Address This Situation...

- SB 910 (Ch. 948/ Vasconcellos) mandates the CHHSA to develop a statewide strategic plan for long-term planning purposes by July 2003.
- The plan must address the impending demographic, economic, and social changes that will be triggered by California's aging and increasingly diverse population.
- And...

- The University of California will support plan development by preparing:
  - An inventory of existing resources
  - A composite demographic profile of California's population with key projections
  - A plan for a longitudinal data base
- In developing a plan Agency will utilize the above information and the advice of:
  - The Commission on Aging
  - The CA Council on Gerontology and Geriatrics
  - Consumers and other stakeholders

# Approach

- Plan Development Task Team
  - Composed of Key Stakeholders
  - Representing the perspective of their constituencies
  - Provide vision, input, recommendations
- Project Coordination Team
  - Manages the process: Rob Schladale, Lora Connolly, Cheri Jasinski

# Plan Development Task Team

- Commission on Aging
- California Council on Gerontology & Geriatrics
- AARP
- California Assn. of Homes and Services for the Aging
- California Association of Health Facilities
- California Council of the Alzheimer's Associations
- CA Caregiver Resource Systems
- Congress of California Seniors
- Older Women's League
- Grey Panthers
- Area Agencies on Aging Council of California
- California Senior Legislature
- California Assisted Living Assn.
- California Association of Area Agencies on Aging
- Senate Subcommittee on Aging and Long Term Care
- Assembly Subcommittee on Aging and Long Term Care

# The Planning Process

- Plan developed incrementally, January through May/June, with stakeholder Plan Development Task Team
- Task Team draft plan reviewed by affected departments
- Revised plan presented to public for input one meeting north - one south
- Incorporate public input, disseminate for final review
- Present to Governor; Legislature.

# Current Status

- First Meeting: December 18, 2002
  - Topic: Orientation to topic and process, first reading “assignment”
- Second Meeting: January 30, 2003
  - Briefing: CPRC Demographic Study
  - Topic: Economic Well-Being, Work, Civic Engagement
  - Vision and Recommendations - 1st Draft
- Third Meeting: March 7, 2003
  - Topic: Food, Fitness and Wellness
  - March 13 - CPRC Data Base Briefing

# Future Meeting Topics Include:

- Housing, Transportation, Recreation
- Care Delivery Systems
  - Health Care
  - Mental Health
  - Family Caregiving
  - Residential Care
  - Long Term Care
- Infrastructure Needs

# Overlap with Olmstead Plan Development?



## Commonalities:

- Emphasis on consumer information & choice, encouraging independence
- Supportive Community Living (including housing & transportation)
- Long Term Care

# Cross Cutting Issues

## To Ensure Inclusivity

We'll address differences in...

- Economic and Educational Status
- Social Supports - Family Networks vs. Living Alone
- The Well Elderly vs. Health Issues
- Geography - Urban, Suburban and Rural
- Culture, Ethnic and Language Issues

**We're on our way!**

**And now more about the  
University's work...**

# Key Steps

- UC required to assist in plan development by preparing:
  - In Year I—an inventory of existing resources available through CA's public programs that address the needs of an aging society;
  - In Year II—an analysis of the data resources available to plan for the needs of an aging society & identify information gaps;
  - Year III—an analysis of relevant 2000 US census demographics for strategic planning purposes.

# Current Status

- UC produced Year I product in Jan 2001 - Strategic Planning Framework Report & 10 issue papers
- Year II data base product will be presented 3/2003
- Year III product – analyses of 2000 US Census presented 1/2003
  - Current population characteristics
  - Population projections
  - Description of assumptions used to make projections

# SB 910 Issues Papers

- Strategic Framework for an Aging Population
- Population Aging
- Economic Well-Being
- Work and Retirement
- Housing
- Mobility
- Health Status
- Mental Health Status
- Long Term Care
- Residential Care
- Family Caregiving
- Promoting Quality of Life & Successful Aging

# Findings - CALIFORNIA vs. US

## ● Life expectancy—

- 1 yr. longer in CA than nation as a whole
- 3 yrs. Less than Japan with world's highest life expectancy (80.7 years)
- UC projections
  - Gap between life expectancy for men and women will decrease from 4.7 to 4.1 by 2050
  - 50% probability that CA will surpass Japan's current life expectancy within 17 years.

# Findings - CALIFORNIA vs. US

## ● Disability Rates—

- Analyses used national (not CA specific) representative survey data (NLTC Survey)
- Examined senior disability trends from 1982 to 1994
- Data analyses found a decline in disability prevalence rates ranging from 0.5 and 3.0% annually

# Findings - CALIFORNIA vs. US

## ● Disability Rates

- 19% of Californians age 65+ report limitations in mobility or self care compared to 20% nationwide.
- Age specific disability rates were quite similar- about 1% lower for CA older adults than nationwide average (1990 U.S.Census data)

# Changes in Disability Rates

DISABILITY RATES & ESTIMATED ANNUAL % RATE of DISABILITY DECLINE, by AGE				
		65-74	75-84	84+
IADLs Only	Rate in 1994	3.1%	5.5%	7.2%
	Annual rate of change in the rate	-2.69%	-2.22%	-0.77%
ADLs or institutionalized	Rate in 1994	8.4%	21.4%	52.7%
	Annual rate of change in the rate	-1.28%	-1.19%	-0.69%
<p>Source: Data are derived from Table 2 in Manton et al. (1997). The annual rates of decline are annualized percentage changes in the age-specific disability rates. IADLs are instrumental activities of daily living and cover tasks such as grocery shopping, managing money, and medications. ADLs are activities of daily living and are critical personal care tasks such as bathing, toileting and eating. The 2 disability groups depicted are independent of each other and comprise the entire disabled population age 65 and over.</p>				

# CALIFORNIA Implications

- IADL only limitations would decrease from 4% today to 2% by 2030
- ADL limitations would decrease from 17% today to 12% by 2030
- Represents a 2%-5% change but for an age group that may increase from 4 million to 13.3 million in the next 50 years

# Good News

- Reduced tobacco use
- Increased education levels
- Medical & pharmacological advances
- Health promotion.....

Functional status is increasing among older adults in every age group....

These are investments that must begin early in life not at retirement age.